
FINAL RECOMMENDATIONS FOR THE BOARD OF PODIATRIC MEDICINE

Recommendations of the Department of Consumer Affairs and the Joint Sunset Review Committee

ISSUE #1. (CONTINUE REGULATION OF THE PROFESSION AND THE BOARD?) Should the licensing and regulation of podiatrists be continued, and the profession be regulated by an independent board rather than by a bureau under the Department?

Recommendation #1: *Recommend the continued regulation of podiatrists by the Board of Podiatric Medicine.*

Comments: The California Board of Podiatric Medicine (BPM or Board) was established in 1957 as the Chiropody Examining Committee, under the jurisdiction of the Medical Board. The seven-member board is made up of four licensees and three public members. The Board licenses Doctors of Podiatric Medicine (DPM), trained specialists in foot and ankle medicine, rehabilitation, and surgery. The scope of practice of podiatric medical doctors is limited by the license itself to the foot and ankle.

In the most recent fiscal year, the Board had approximately 1,984 licensees. The Board has an annual budget of approximately \$1 million and five staff positions. The JLSRC last reviewed the Board in 1998.

Regulation of the profession continues to be in the best interest of consumers, given the health and safety implications of podiatric medicine. Podiatrists make independent medical judgments with patients including diagnosis, prescription of medication and method of treatment. The Board continues to be an effective mechanism for licensure and oversight of podiatrists and should be continued.

ISSUE #2. (INCREASE RESIDENCY TRAINING?) Should residency training be increased by one year?

Recommendation #2: *The Board should thoroughly assess the need for this additional training through an occupational analysis.*

Comments: Although the Board is proposing to increase the residency training requirement from one year to two years, it is unclear what educational or practical deficiency necessitates this increase.

ISSUE #3. (ADOPT MODEL LAW?) Should the model law as proposed by the Board be adopted?

Recommendation #3: *The DCA and the JLSRC do not have a recommendation on the Model Law which is being proposed by the BPM, but emphasize that a model law should reflect the consumer protection goals of this state.*

Comments: Although the Department and the Joint Committee do not yet have a position on the Model Law being proposed by the Board, any model law that is adopted must embrace the consumer protection mandate inherent in California law and not lessen or erode these standards.

The Board should be commended on its leadership and innovation as it looks at reforming its licensure standards.

It must be noted that the proposed Model Law was introduced by Assembly Member Washington – AB 2728. Additionally, AB 2196 (Lowenthal) would authorize the use of additional terms by persons who are licensed to practice podiatric medicine. Both measures have been referred to the Assembly Business and Professions Committee and should be heard in April 2002. It is expected that scope of practice issues will be dealt with in the context of those bills.

ISSUE #4. (CONTINUE TEMPORARY FEE INCREASE?) Should the temporary fee increase of \$100 be extended?

Recommendation #4: *The temporary fee increase should be continued for two years to ensure that the Board's fund remains solvent.*

Comments: Due to unforeseen legal expenses incurred by the Board as a result of extensive litigation in the last two years, the Board's reserve has been significantly reduced. Prior to these legal expenses, the Board faced declining revenue due to fewer licensees. The Board instituted a temporary fee increase, from \$800 to \$900, effective January 1, 2000.

Although the temporary fee increase is scheduled to sunset on December 31, 2003, demands on the Board's operating fund suggest continuation of the fee increase in order for the Board to maintain its current licensing and enforcement activities. The additional revenue that will be generated as a result will enable the Board's fund condition to stabilize.

ISSUE #5. (CONDUCT AUDITS OF CONTINUING MEDICAL EDUCATION?) Should the Board conduct random audits of continuing medical education as it has done in the past?

Recommendation #5: *The Board should resume conducting random audits of continuing medical education (CME).*

Comments: Faced with fiscal challenges, the Board discontinued its contract with the Medical Board to conduct random audits of CME. These audits should resume. Board staff should begin conducting random audits of CME courses and providers to guarantee that licensees are receiving CME courses of quality and relevance to the profession. This audit function is a fundamental responsibility of the Board and must be continued.

ISSUE #6. (REVIEW OF COMPLAINTS BY BOARD MEMBERS?) Should the members of BPM review complaints?

Recommendation #6: *Board Members should not review complaints and the Board should continue to contract with subject matter witnesses to do so.*

Comments: Although the Board has reduced expenditures, the Board should continue contracting with subject matter experts to review incoming complaints, and should not use Board members to perform this function. Board staff should conduct initial complaint review and forward select complaints to a panel of experts when technical expertise is needed. Board members who may ultimately vote to take action against a licensee should not be involved in the initial determination as to whether or not a complaint has merit. In spite of the cost, the Board should continue contracting out this service.

Additional Joint Committee Recommendations

ISSUE #7. (TRANSITION TO A NATIONAL EXAM?) Should the Business and Professions Code be amended to reflect a transition from the state oral clinical licensing examination to Part III of the National Board of Podiatric Medical Examiners (NBPME) examination?

Recommendation #7: *The statute should be amended to reflect this change in examination requirements.*

Comments: The Board is in the process of transitioning from the state oral exam to giving Part III of the NBPME exam in its place. Business and Professions Codes Section 2486 should be amended to reflect the requirement that all three parts of the NBPME exam are now required as part of licensure.

ISSUE #8. (REFINE CONTINUING COMPETENCY PROGRAM?) Should BPM's continuing competency program be amended to provide improved transition?

Recommendation #8: *Based on the Board's experience to date, the Board's continuing competency program should be refined to provide additional pathways and ease compliance.*

Comments: Through SB 1981, Chapter 736, Statutes of 1998, the Board initiated the first continuing competence program for any doctor licensing board in this country. Under Business and Professions Section 2496, each licensee must self-certify under penalty of perjury at each biennial license renewal that she or he meets at least one of seven peer-review-based pathways for re-licensure. Licensees who have been licensed for more than 10 years, have no peer-reviewed health facility privileges, and are not board certified, must either take the BPM's licensing exam or complete a special training course sponsored by an approved school under Business and Professions Code Section 2496(g). BPM has approved such a program sponsored by the California College of Podiatric Medicine in conjunction with the California Podiatric Medical Association. However, according to the Board, administrative transitions in both of those institutions have hampered the program's development.

The Board reports that its objective has been to phase the continuing competence program in as a pilot. The continuing competence requirements need to be refined based on the Board's experience to date and would provide additional pathways and ease compliance for the few who lack health facility privileges and are not certified by an approved specialty board.

These changes would ease compliance for older licensees who are neither hospital privileged nor board certified. Of the seven original pathways, B&P Code Section 2496 (g) needs amendment because administrative changes at the California College of Podiatric Medicine and California Podiatric Medical Association hampered anticipated development of a program. The proposed eighth pathway, B&P Code Section 2496 (h), would be more realistic for older licensees than the BPM's current oral clinical exam.

These changes will provide BPM an alternative to waiving the requirement or terminating the licenses of older practitioners. Providing for a BPM-approved course of study and the National Boards Part III as new alternatives would protect the public without forcing these older licensees out of practice for lack of a reasonable pathway. As licensees become accustomed to these requirements, e.g., maintaining certification or privileging, BPM anticipates tightening the pathways.